

APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
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APPLICANTS
 Gerritdina Van Geel-Schutten
 Lubbert Dijkhuizen
 Hakim Rahaoui
 Robert-Jan Leer

TITLE
 Novel glucosyltransferases

PTO-2040
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[illegible]

	DRAWINGS	CLAIMS ALLOWED
	Sheets Drawn Figs. Drawn Print Fig.	Total Claims Print Claim for O.G.
I, _____, of the patent and made by _____ (date) _____ Assistant Examiner	(Assistant Examiner) (Date)	NOTICE OF ALLOWANCE MAILED
I, _____, of the Patent Office, do hereby forward the _____ date of US Patent No. _____	(Primary Examiner) (Date)	ISSUE FEE
		Amount Due Date Paid
I, _____, the inventor, _____ months of this patent have been disclosed.	(Legal Instruments Examiner) (Date)	ISSUE BATCH NUMBER
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(FACE)